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COUNTY COUNCIL OF NORTHUMBERLAND
EDUCATION COMMITTEE

ANNUAL REPORT
of the
Principal School Medical Officer
for the
YEAR 1960



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Principal School Medical Officer
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COUNTY OF NORTHUMBERLAND.

**REPORT OF THE PRINCIPAL SCHOOL MEDICAL
OFFICER FOR THE YEAR 1960.**

To the CHAIRMAN AND MEMBERS OF THE
NORTHUMBERLAND EDUCATION COMMITTEE.

Mr. Chairman, Ladies and Gentlemen,

In presenting this report I must refer first to the retirement of Dr. W. J. Pierce who had been the Senior School Medical Officer for so many years. Dr. Pierce came to Northumberland in 1938 and for the whole of the twenty-two years that he served this Authority he devoted himself wholeheartedly to the school children of the county. There can have been few better school medical officers than Dr. Pierce during the fifty years of the School Health Service in this country and the county service developed greatly under his direction. Perhaps his greatest gift was his personal interest in and understanding of the school child and his astonishing knowledge of the individual children he had seen over the years. A generation of Northumbrians will long remember his advice and help, and wish him a happy retirement.

The increase in the school population in the county was the smallest for 10 years, and the number of children in the primary schools was actually less than in 1959, though the number in the secondary schools was appreciably greater. The effect of the reduction in the birth rate in the years after 1947 is beginning to be seen and there were 3,700 fewer children in the primary schools than there were in 1958.

The general condition of the children examined continued to improve and only 1% fell below a satisfactory standard. Although the head louse is still regrettably with us in schools, conditions have sufficiently improved for us to be able to adopt selective examination for lice and nits in place of the general inspection we have hitherto employed.

The part played by the school doctors in the prevention of tuberculosis in children is considerable and the number of children vaccinated with B.C.G. was a record. It is of great interest to note the small percentage of school entrants who were positive reactors to the tuberculin test and the continued fall in the percentage of 13 year old children who were positive. The adequate protection of this rising generation can do much to eradicate tuberculosis from the community.

The report refers to the work in connection with handicapped children and again draws attention to the shortage of accommodation in some types of special schools. Our sympathy is easily aroused for the blind, the deaf and the crippled and we strive to make adequate arrangements for them. We are, I think, less inclined to keep the needs of the educationally subnormal child and the maladjusted child so fully in view. An appreciable number of children in the county will spend the whole of their school days receiving education under circumstances which are not suited to their capacity and, although the provision for educationally subnormal children has been materially increased in the county, there is still a most urgent need for full implementation of the programme for increased special school places.

Mr. Robinson's report on the Dental Service shows an encouraging increase in the number of children found dentally fit; this trend has now continued since 1955. The dentists inspected and treated more children with more fillings and a welcome reduction in extractions. The opening of three new dental clinics and the provision of the new high speed drills helped to improve still further the standard of the service. The report on the orthodontic work is of great interest.

This report gives me the opportunity to say how much the School Health Service appreciate the support we receive from the Director of Education and from all of the teaching staff of the county. I also have the opportunity to express my thanks to the staff of the Service, especially Dr. Hopper and Mr. Robinson, for the fine work of the Service throughout the year.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

JOHN B. TILLEY,
Principal School Medical Officer.

COUNTY HALL,
NEWCASTLE UPON TYNE, 1.

SCHOOL HEALTH SERVICE.

Staff.

The establishment of the School Health Service remained at 14 doctors devoting time to the Service. The number in post at the end of the year was 13, Dr. R. A. Matthews having resigned at the end of November on his appointment to a similar post in the south of the country. The number employed in terms of full-time officers on 31st December, 1960, was 8.4. Eight of the school medical officers devote the main portion of their time to school inspections, etc., and the remainder to attendance at child welfare centres. The remaining doctors devote the smaller portion of their time to the School Health Service and the rest to general public health work.

A major change took place during the year in that Dr. W. J. Pierce retired on 29th February, 1960, and was replaced by the appointment of Dr. J. M. H. Hopper from the same date.

TABLE I.
TYPES OF SCHOOLS IN NORTHUMBERLAND.

Type of School.	Premises.	
	January 1960	January 1961.
Grammar	13	14
Secondary	56	59
Technical	1	1
Primary	325	317
Hospital	2	2
Special	2	2
	<u>399</u>	<u>395</u>

TABLE II.
SCHOOL POPULATION
AT JANUARY, 1960 AND JANUARY, 1961.

Type of School.	Population January 1960.			Population January 1961.		
	Male.	Female.	Total.	Male.	Female.	Total.
Grammar ..	2,766	2,711	5,477	3,052	2,985	6,037
Secondary ..	10,228	9,803	20,031	10,435	10,158	20,593
Technical ..	121	133	254	199	223	422
Primary ..	25,513	24,050	49,563	25,128	23,843	48,971
Hospital ..	124	108	232	111	92	203
Special ..	102	51	153	120	60	180
	<u>38,854</u>	<u>36,856</u>	<u>75,710</u>	<u>39,045</u>	<u>37,361</u>	<u>76,406</u>

School population.

The school population has again increased, but not so markedly as in previous years. There were 696 more school children in 1960 than in 1959.

Medical Inspections.

Periodic medical inspections were carried out at the following periods:—

- (1) On entrance to the primary school (5 years).
- (2) In the junior school (9 years).
- (3) During the last year at school.

Sight testing is carried out by the school nurse on each child at eight years of age.

The total number of children examined during the year was 45,602. This was 1,670 more than in the previous year. The number was made up as follows:—

Periodic medical inspections	..	..	..	21,915
Special inspections	..	..	..	6,904
Re-inspections	..	..	..	16,783

Slightly less children were examined at the periodic medical inspection, i.e. 21,915 compared with 22,132 in 1959. However, 553 more examinations than in the previous year were carried out on children found to have defects at periodic medical inspection, the numbers being 16,783 against 16,230. In addition, 6,904 children, who were specially brought to the notice of the school doctors, were also examined, an increase of 1,334 on the figure for 1959.

Prior to a periodic medical inspection, the head teacher of the school sends to the parents of each of the children to be examined a form of invitation to be present, with a request for information about 'childhood ailments', vaccinations and immunisations. The presence of the parents at the examination is of mutual advantage to both themselves and the doctor, and 66 per cent. of the parents attended. This is an improvement on last year when 64·3 per cent. attended.

TABLE III.

DEFECTS REQUIRING TREATMENT PER 10,000 CHILDREN
EXAMINED AT PERIODIC MEDICAL INSPECTION.

No. of children examined...	1955. 17,585	1956. 23,278	1957. 24,729	1958. 22,162	1959. 22,132	1960. 21,915
Disease or Defect.						
Skin ...	139	138	230	242	192	212
Eyes—						
(a) Vision ...	609	716	722	759	879	964
(b) Squint ...	187	165	195	189	239	261
(c) Other... ..	65	46	58	51	54	40
Ears—						
(a) Hearing ...	32	27	34	32	39	29
(b) Otitis Media...	39	27	34	40	44	39
(c) Other... ..	15	9	12	14	20	19
Nose and Throat ...	179	157	154	186	166	172
Speech ...	38	51	43	48	67	77
Cervical Glands ...	10	—	—	—	—	—
Lymphatic Glands ...	—	13	7	14	5	7
Heart ...	11	7	13	17	41	14
Lungs ...	65	56	72	102	60	66
Developmental—						
(a) Hernia ...	11	14	17	25	15	13
(b) Other... ..	23	14	33	29	36	64
Orthopaedic—						
(a) Posture ...	30	24	46	53	33	49
(b) Feet ...	83	87	159	194	175	232
(c) Other... ..	108	79	74	106	148	151
Nervous System—						
(a) Epilepsy ...	8	—	10	16	15	15
(b) Other... ..	10	14	16	21	11	16
Psychological—						
(a) Development ...	5	6	32	31	67	93
(b) Stability ...	7	9	12	14	17	16
Abdomen ...	—	74	47	82	24	31
Other ...	89	11	28	32	57	99
Total Defects per 10,000 examined ...	1,763	1,744	2,048	2,297	2,404	2,679

HEALTH OF THE SCHOOL CHILD IN NORTHUMBERLAND.

General condition.

A further marked improvement was shown in the physical condition of the children examined. Of the 21,915 pupils inspected, 21,657 were classed as satisfactory, which gave a percentage of 98·8, and 258 as unsatisfactory, which gave a percentage of 1·2.

Towards the end of the year, information was gathered as to the reasons why these children were unsatisfactory. In seven cases the children were undersized, thin, and had poor muscle development. In four instances the children were grossly overweight. Seven children suffered from diseases of the chest, kidney, ear and skin. Soiling and wetting occurred in two further cases.



HEALTHY SCHOOL CHILDREN.

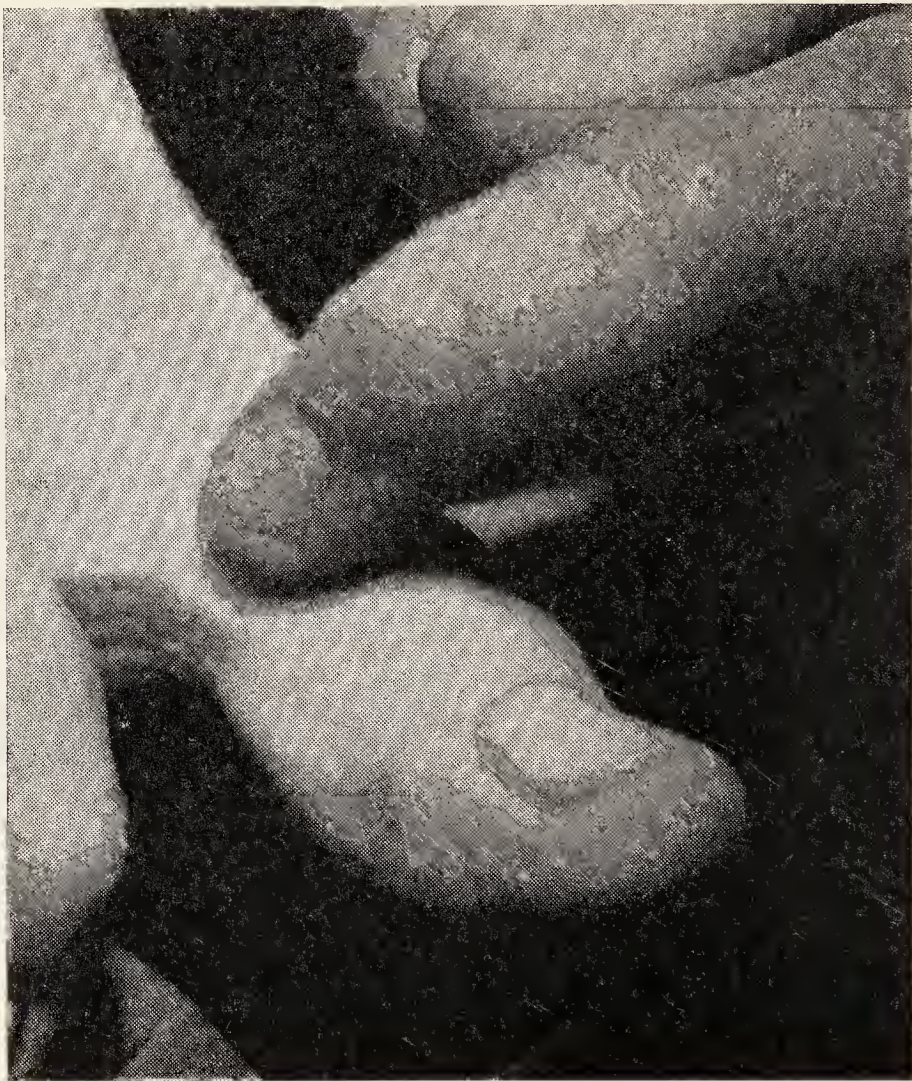
Defects.

Five thousand one hundred and ninety-six children, who were examined at periodic medical inspection, were found to have defects which required treatment. This gave a rate of 2,679 defects per 10,000 examined, which is an increase over the 1959 figure. Four diseases or defects were largely responsible for this increase:—

Speech defect.—There has been a steady rise in the number of children requiring speech therapy over the last five years,

and there are still a few areas in the north of the county which have not yet received this service.

Diseases of the feet.—Often these are due to badly fitting shoes, but at a periodic medical inspection at Whitley Bay Grammar School, it was found that 20 of the pupils were suffering from foot infection. The Health Department having appointed a chiropodist at the end of September, it was decided that she should see the children whose parents and family doctors had consented to their having this form of treatment. Parental consent was received from 13 of the pupils, and treatment was commenced during December. A further grammar school requested the investigation of foot trouble, but it was not possible to commence treatment during the year.



VERRUCÆ.

The need for care of children's feet is reflected by the number of foot operations on children carried out in the Sanderson Hospital School over a period of 12 months—51 children with bunions and 101 children with hammer toes had operative treatment.

Psychological defects.—As attention is given increasingly to psychological abnormalities, the number of such defects found continues to increase. The number of children thought to

require treatment for these conditions has greatly increased in the past five years.

Diseases of the eye.—The number of children referred to the ophthalmologist for visual defects continues to show a steady rise. However, the rate of children actually prescribed glasses has not increased over the past two years.

Diseases of the heart, lung, ear and throat have not shown any increase over the past few years.

Uncleanliness.

In previous years all primary and secondary schools were visited by the school nurses, and each child's head was examined for infestation with vermin. This was also done in the grammar schools, if considered necessary. This routine examination has this year been discontinued, and only those schools thought to have infested children have been visited for this purpose. These selective examinations carried out during the year numbered 109,911. The number of individual pupils examined was 55,351, and of these 2,611 were found to be infested, which is 161 children less than last year, but represents 4·7 per cent. of those examined. Having fewer schools to examine means that the school nurse can concentrate on the hard core of infested families in an endeavour to clean the children.

The standards of clothing and personal hygiene remained at a high level in all but a minority of cases. A close contact was maintained with the schools by the health visitor. A total of 7,105 visits were paid to the schools by the staff during the year, and 9,551 home visits were made.

Infectious diseases.

Only 674 cases of infectious disease were notified in school children during the year. The number of notifications of scarlet fever and whooping cough in school children during 1960 was half the number notified in 1959. Less than one per cent. of the school population was notified as suffering from infectious disease during the year.

Scarlet fever.—99 cases were notified, and of these one quarter occurred in the Hexham and Prudhoe areas. These cases were mild and no serious complications were reported.

Whooping cough.—Almost half of the 63 cases of whooping cough were notified from the north of the county—Berwick, Alnwick and Glendale. Otherwise cases continued to occur sporadically. The high acceptance rate of vaccination against this disease in the pre-school child is believed to be one of the most important factors in the control of this disease.

Dysentery.—During the year there were two outbreaks of this disease in the schools, one in Newburn and one in Bedlington.

Deaths.

There was an increase of deaths in school children, from 25 in 1959 to 39 in 1960. The number of boys who died during the year was double the number of girls. Deaths due to malignant neoplasm and leukaemia increased from 2 in 1959 to 10 in 1960.

TABLE IV.
CAUSES OF DEATH IN CHILDREN AGED 5 TO 14 YEARS
(INCLUSIVE) DURING 1960.

Cause of Death.	Urban Districts.			Rural Districts.			Total.		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
Malignant and Lymphatic Neoplasms	4	—	4	—	1	1	4	1	5
Pneumonia	1	2	3	—	1	1	1	3	4
Congenital malformations	2	—	2	1	—	1	3	—	3
Other defined and ill-defined diseases	3	4	7	—	1	1	3	5	8
Motor vehicle accidents ...	2	—	2	1	—	1	3	—	3
Other accidents	7	1	8	2	1	3	9	2	11
Leukaemia/Aleukaemia ...	1	1	2	2	1	3	3	2	5
Totals	20	8	28	6	5	11	26	13	39

DETECTION AND PREVENTION OF TUBERCULOSIS.

Twenty cases of tuberculosis in school children were notified during the year compared with 19 in 1959.

Tuberculin testing.

The school entrants at 106 schools in the county were tuberculin skin-tested by the Heaf multiple puncture test. Of the 2,512 children tested, 42 new reactors were found, giving a percentage of 1·6, which was the same as found last year.

Evidence shows that, in the rural parts of the county to the north and to the west, the tuberculin positive rate for school entrants was higher than in the rest of the county and it is thought that the reason for this is the more ready contact these children had in the past with bovine tuberculosis.

In Longbenton, two thirteen year old children were found to have tuberculosis, which was discovered as a result of routine testing at this age. Both these children required hospital treatment and are now doing well. Altogether 6,359 children were tested at 13 years, and 970 were tuberculin positive.

Table V shows the details of testing in county districts.

TABLE V.
RESULTS OF THE TUBERCULIN TESTING SCHEME FOR
SCHOOL ENTRANTS.

County Districts.	No. of Schools in which test was carried out.	No. of children tested.	No. of reactors.	Percentage of reactors.
<i>Boroughs.</i>				
Berwick	7	150	3	2·0
Blyth	—	—	—	—
Morpeth	—	—	—	—
Wallsend	—	—	—	—
Whitley Bay	3	39	—	—
<i>Urban Districts.</i>				
Alnwick	—	—	—	—
Amble	—	—	—	—
Ashington	3	169	2	1·2
Bedlingtonshire	9	220	3	1·4
Gosforth	2	118	2	1·7
Hexham	2	75	1	1·3
Longbenton	6	193	6	3·1
Newbiggin-by-the-Sea	4	175	1	0·6
Newburn	8	415	1	0·2
Prudhoe	6	143	3	2·1
Seaton Valley	4	102	2	2·0
<i>Rural Districts.</i>				
Alnwick	5	107	—	—
Belford	—	—	—	—
Bellingham	—	—	—	—
Castle Ward	8	191	4	2·1
Glendale	5	88	—	—
Haltwhistle	5	73	5	6·8
Hexham	21	134	7	5·2
Morpeth	3	81	2	2·9
Norham & Islandshires	5	39	—	—
Rothbury	—	—	—	—

Outbreak of tuberculosis in Berwick school girls.

During the year five girls, attending Berwick schools, were notified to the Health Department as suffering from tuberculosis. Four of these girls were eligible by age for vaccination against tuberculosis, and it is very likely that, if they had been vaccinated, this outbreak would not have occurred. Unfortunately, during 1959, there was no school medical officer in the north of the county for the first six months, and B.C.G. vaccination was not offered to the 13 year old children attending these schools.

As a result of this outbreak, every school child in Berwick was offered a tuberculin test. One thousand five hundred children, or 85 per cent. of the school population, were tuberculin tested. Two per cent. of the primary school children, and 9 per cent. of the secondary school children, gave a positive result, and were referred to the chest physician. No confirmed active cases of tuberculosis were found, but the chest physician kept three of the children under observation. Those children aged 13 who, from the results of the tuberculin test, would benefit from B.C.G. vaccination against tuberculosis, were offered it. Four hundred children accepted this offer and were duly vaccinated, half of them by the multiple puncture method and half by the intradermal method. There have been no fresh cases in this area for the past six months.

This scheme was carried out over a short period of time and at a busy time in the scholastic calendar. All the head teachers gave their full co-operation.

B.C.G. vaccination.

All pupils from the age of 13 years and over are offered B.C.G. vaccination. In addition to this group, students at further education establishments are also offered the facilities.

During the year, 8,311 pupils at schools in the county were offered vaccination, but only 6,515 or 78·4 per cent. accepted the offer of a tuberculin skin test. Of these 5,268 were eligible for vaccination with B.C.G. and 5,226 were vaccinated. The 997 positive reactors represented 15·3 per cent: this figure has fallen from 27·8 per cent. in 1956. Included in these figures are children from eight independent schools in the county where, since 1958, B.C.G. vaccination has been offered. During the year, 242 pupils were offered the facilities and 231 were skin-tested, 32 of whom were reactors. One hundred and ninety-one of the 192 non-reactors were vaccinated with B.C.G. In the student group, 31 students were vaccinated.

Dr. Young reports that, in the Morpeth area, a case of tuberculosis occurred in a 17 year old girl who had not taken advantage of the offer of B.C.G. vaccination when she was 13 years of age.

Tables VI and VII show details of the B.C.G. vaccination scheme.

TABLE VI.
B.C.G.—VACCINATION.

Period from 1st January to 31st December, 1960.

SCHOOL CHILDREN SCHEME (Circulars 22/53 and 7/59).

(School children under 14 years of age).

(i) No. of children offered B.C.G. vaccination ..	8,311
(ii) No. skin tested	6,515
(iii) No. found positive	997
(iv) No. found negative	5,268
(v) No. vaccinated	5,226
Acceptance percentage ..	78.4%
Tuberculin positive percentage ..	15.3%

STUDENTS ATTENDING FURTHER EDUCATION ESTABLISHMENTS
(Circular 7/59).

(i) No. skin tested	51
(ii) No. found positive	20
(iii) No. found negative	31
(iv) No. vaccinated	31

TABLE VII.
RESULTS OF THE B.C.G. SCHEME 1960.

County Districts.	No. of Leavers.	No. Refused.	No. T.B. Tested.	No. Positive.	No. Negative.	No. B.C.G. Vaccinated.
<i>Boroughs.</i>						
Berwick	633	36	578	68	491	490
Blyth	760	303	438	50	377	374
Morpeth	360	50	293	49	233	229
Wallsend	882	264	814	103	711	711
Whitley Bay	640	161	461	53	396	394
<i>Urban Districts.</i>						
Alnwick	347	9	337	76	240	240
Amble	94	16	74	5	62	62
Ashington	498	93	367	43	322	315
Bedlingtonshire	740	182	514	89	422	422
Gosforth	492	76	394	61	302	299
Hexham	238	78	151	37	113	112
Longbenton	162	15	147	13	134	134
Newbiggin-by-the-Sea	168	10	145	29	103	101
Newburn	676	117	530	98	417	407
Prudhoe	244	57	156	27	120	120
Seaton Valley	450	76	367	49	275	275
<i>Rural Districts.</i>						
Alnwick	—	—	—	—	—	—
Belford	11	8	3	1	2	2
Bellingham	92	14	69	6	58	58
Castle Ward	15	3	12	1	11	11
Glendale	138	3	132	25	106	106
Haltwhistle	92	19	70	14	51	51
Hexham	152	27	119	24	80	80
Morpeth	338	37	272	64	182	174
Norham and Island-shires	—	—	—	—	—	—
Rothbury	29	3	25	4	21	20
Marton Camp School, Cheshire	36	6	29	4	25	25
Further Education Colleges	346	284	51	20	31	31
Training Schools	2	—	2	—	2	2
Mental Hospitals	16	—	16	4	12	12
Training Centres	6	5	—	—	—	—
	8,657	1,952	6,566	1,017	5,299	5,257

From Table VII it is disappointing to note that, in Blyth, out of 760 children eligible for B.C.G. vaccination, 303 refused to be vaccinated. Blyth has always tended to show a slightly higher incidence of tuberculosis in its school population.

The following schools showed a relatively low acceptance rate for B.C.G. vaccination:—

Blyth, Princess Louise County Secondary School.
 Blyth, Newlands County Secondary School.
 Blyth, Bebside County Secondary School.
 Blyth, St. Wilfrid's R.C. County Secondary School.
 Bedlington, Westridge County Secondary School.
 Willington Quay, Stephenson Memorial County Secondary School.
 Wallsend, Hadrian County Secondary School.
 Monkseaton County Secondary School.
 Hexham County Secondary School.

A new method of B.C.G. vaccination.

In seven schools during the year a new method of giving B.C.G. vaccination was used. This method was quicker and less painful, while ulceration and scarring following the



A TYPICAL RESULT OF THE MULTIPLE PUNCTURE METHOD OF B.C.C. VACCINATION IN THE RIGHT UPPER ARM, AND THE RESULTANT TUBERCULIN CONVERSION RESPONSE IN THE LEFT FOREARM.

vaccination was less marked. The rate of conversion was 95 per cent. The method used is as follows:—

The right upper arm was exposed and the skin inferior to

the insertion of the deltoid was cleaned with methylated ether. From a sterile syringe two drops of a prepared B.C.G. suspension were placed on the arm. The arm was steadied by the vaccinator's left hand and the base of the Heaf gun was placed on the skin over the B.C.G. suspension. Using the modified Heaf gun every time the trigger was depressed, 20 punctures, 1 m.m. or 2 mm. deep, depending on the setting, were produced. The participant was then asked to stand, hand on hip, until the B.C.G. suspension had dried.

Diphtheria immunisation.

School medical officers help the area medical officers to carry out this scheme in the schools. During the year 400 more children completed their initial course of immunisation than in 1959, and the number receiving their re-inforcing doses was increased by almost 5,000. The diphtheria vaccination index for school children is high in the south-east of the county. Dr. Dewell, the school medical officer in that area, carried out a great proportion of this work.

From Table VIII it can be seen that the number of immunisations carried out in the north of the county against this disease were few.

TABLE VIII.
DIPHTHERIA IMMUNISATION.

Area.	Number of school children who completed their initial immunisation against diphtheria in 1960.	Number of school children who received a secondary (reinforcing) injection against diphtheria in 1960.
North No. 1 ..	9	81
North No. 2 ..	10	94
Central	360	1,849
East	393	2,162
South	182	1,827
South East ..	438	3,444
West	27	94
Wallsend ..	273	541
Totals ..	<u>1,692</u>	<u>10,092</u>
1959 Totals for Comparison ..	<u>1,280</u>	<u>5,149</u>

Vaccination against Poliomyelitis.

During the year, 7,741 children received two injections against poliomyelitis. This figure includes the pre-school as well as the school child. The percentage of eligible children vaccinated remained at a similar high level to last year, i.e. 90 per cent.

REPORT ON THE OPHTHALMIC SERVICE.

The ophthalmic clinics are held in child welfare clinics throughout the county, mostly at monthly intervals. though in the larger centres of population weekly clinics are held. The ophthalmologists who attend the clinics are employed on a sessional basis and are paid by the authority, a portion of this expenditure being recoverable from the Executive Council for each prescription issued.

The number of sessions held during the year was 853. This was 17 less than in 1959, and 7,228 children were examined, 58 fewer than in the previous year. Of the children examined, 4,414 were prescribed glasses as against 4,465 last year.

Each child found at medical inspection to have defective vision, or any child thought by the teacher to be having difficulty in seeing, is given the opportunity to be seen by an ophthalmic surgeon. Parents may make other arrangements, and 1,332 children were prescribed glasses other than through the School Health Service.

The total number of children who had spectacles prescribed during the year was 5,746. The number in 1959 was 5,872.

REPORT ON THE ORTHOPAEDIC SERVICE.

Treatment is given by the 4 physiotherapists who make up the establishment of the Service, at 17 clinics throughout the county. Surgeon clinics are held in 13 centres, and are attended by 4 consultant orthopaedic surgeons, who are employed by the Regional Hospital Board.

Each case found by school medical officers, maternity and child welfare officers, or general practitioners, is seen in the first instance by the consultant at the clinic, who advises treatment. If physiotherapy is advised, this is then carried out by the physiotherapist. Should operative treatment be advised, this is usually undertaken at the W. J. Sanderson Orthopaedic Hospital, where the child's education is continued. On discharge from hospital, the child's care is continued at the county clinic.

Table IX gives details of the clinics and the number of children seen.

The clinics are primarily for children, but in the more rural and northern areas, adults are referred by general practitioners, and during the year 235 adults and 740 pre-school children attended as new cases.

TABLE IX.
WORK CARRIED OUT DURING 1960 BY THE
ORTHOPAEDIC SERVICE

Clinic.	Number of Sessions:		Number of new cases examined by Orthopaedic Surgeons.	Total number of attendances by patients.
	Orthopaedic Surgeons for consultation.	Physiotherapists for treatment.		
Alnwick	34	106	88	402
Amble	—	45	—	155
Ashington	21	73	58	378
Bellingham	—	45	—	208
Berwick	20	42	30	109
Blyth	20	85	110	631
Gosforth	28	109	65	598
Guide Post	11	92	45	585
Haltwhistle	11	86	8	227
Hexham	21	107	40	544
Morpeth	11	68	28	320
Newburn	10	84	35	435
Prudhoe	—	59	—	185
Rothbury	10	—	11	34
Shiremoor	—	43	—	84
Whitley Bay	13	76	45	500
Wallsend	20	159	57	941
	<u>230</u>	<u>1,279</u>	<u>620</u>	<u>6,336</u>

The Committee arranged to assist the neighbouring authority, Tynemouth Education Authority, by permitting one of our physiotherapists to work for one session per week in the Tynemouth clinic. An advantage of this was that the surgeon attending the Whitley Bay clinic also attended at Tynemouth. This arrangement has been in operation since 1st April, 1960.

Table X lists the type of defects seen during the year.

TABLE X.

TYPE OF CASE SEEN IN 1960.

Asthma.
Claw Toes.
Congenital Dislocated Hip.
Congenital Talipes Equino-Varus.
Congenital Talipes Equino-Valgus.
Congenital Deformities of Fingers.
Depressed Sternum.
Erbs Palsy.
Genu Valgum.
Genu Varum.
Hammer Toes.
Hallux Valgus.
Hydrocephalus.
Inwardly rotated Tibiae.
Kyphosis.
Lordosis.
Metatarsus Varus.
Old Poliomyelitis.
Pes Cavus.
Pes Planus.
Progressive Muscular Dystrophy.
Post Tubercular Meningitis deformities.
Scoliosis.
Short Leg.
Spastics.
Torticollis.
Winged Scapulae.

HANDICAPPED CHILDREN.

Table XI shows that during the year 234 pupils were ascertained as being handicapped. Half of this number were ascertained as being educationally subnormal. There were 209 children awaiting admission to special schools at the end of the year, and of these the great majority were educationally subnormal children.

At the present time, most of these children remain in the ordinary classes, learning little, and not receiving education suited to their aptitude and ability. The increase in the number of places in schools for educationally subnormal children, though appreciable, lags far behind the need, and these children would benefit by any action that could be taken to expedite the provision that the Committee propose in this field.

Second in importance to the shortage of educationally subnormal places comes the shortage of places for maladjusted pupils. In the great majority of cases, the pupil's adjustment to his home has gone wrong, and in the majority of instances, parental guidance and example are lacking. There were 27 children classed as maladjusted on the register at the end of the year, and of this number only 6 were in special schools and 3 were receiving home tuition. The ages of the children registered ranged between 5 and 14, and the intelligence quotients between 77 and 125. Children come into this category for varying conditions, such as truancing, aggressiveness, restlessness in school, stealing, soiling, etc., the underlying cause being mainly insecurity, which can generally be traced to home conditions. This is not always due to lack of finance, but very often is the result of the mother's or father's attitude to the child.

Those children, for whom special residential places have been found, have shown that their new environment has given them more stability, and the improvement shown in their school work and general emotional state has warranted their placement. There are, however, 12 children who require help, for which it has not been possible to obtain a place, and children who have been referred for child guidance are continually being recommended by the psychiatrist for special educational treatment. There is urgent need for an increase in the facilities for these children who, without help, may become the delinquents of the future.

TABLE XI.

HANDICAPPED PUPILS.

FIGURES FOR THE YEAR ENDED 31ST DECEMBER, 1960.

Category.	New cases ascertained	Cases removed from Register	Remaining on Register at end of year	Incidence per 1,000 school population	Number at Special Schools	Number at ordinary school	Not at school	Number awaiting admission to Special Schools
Blind ...	—	5	10	0·13	9	—	1	—
Partially-sighted ...	7	9	35	0·46	15	14	6	3
Deaf ...	5	16	43	0·56	38	3	2	2
Partially Deaf	5	4	18	0·24	10	6	2	2
Physically handicapped	78	58	286	3·74	54	203	29	3
Educationally subnormal ...	122	160	631	8·26	231	399	1	186
Maladjusted ...	9	15	27	0·35	6	16	5	12
Epileptic ...	4	6	24	0·31	8	14	2	1
Speech defects...	4	7	18	0·24	2	16	—	—
Totals ...	234	280	1,092	14·29	373	671	48	209

One major change took place during the year. This was the introduction of the Mental Health Act of 1959 on 1st November, 1960. From that date, Section 57 of the Education Act, 1944 was amended by Section II of the Act. The main differences were:—

- (1) Procedure of notifying parents of examination by certifying medical officer.
- (2) Alteration in the wording of decision from “incapable of receiving education at school” to “unsuitable for education at school.”
- (3) Letters of explanation, giving both the reason for the examination and the facilities provided should the child be unsuitable for school.
- (4) Time for parent to appeal to the Minister of Education extended from 14 to 21 days.
- (5) Parent given the right to ask the local education authority to re-examine any time after 12 months.
- (6) Statutory report no longer to be issued for children requiring care after leaving school (local health authority will continue to be told of such children).

There were 37 children recommended for notification to the local health authority under Section 57 (3), and from 1st November, 1960, under Section 57 (4). By the end of the year only 25 of these were actually reported. The names of 10 children were recommended to be passed to the local health authority for care after leaving school.

During the year the forms for the report on children examined for a disability of mind were revised.

Seventy-seven children were on the registers of hospital special schools, 25 received education whilst in hospital, and 40 were provided with home tuition.

CLEASWELL HILL DAY SPECIAL SCHOOL FOR EDUCATIONALLY SUBNORMAL CHILDREN.

Mr. D. H. S. Morley, the Headmaster of this school, reports as follows:—

During this year it has been possible to admit a further 27 children. There are now 124 boys and girls on roll from the catchment area which includes Blyth, Newbiggin, Ashington and Bedlington; the age range of the children is 8–16 years.

A good relationship between school and parents is being built up. Parents are freely welcomed into school to discuss their children's work and progress and any particular problems. Now that the school is fully staffed it has been possible to extend the practical activities to include woodwork and pottery in addition to the crafts already established. Much progress has been made in outdoor activities and very shortly it will be possible to keep a small number of hens.

Many educational visits have been organised for the senior children and as well as being useful social occasions they have provided much food for thought and discussion. The visits have included outings to local factories, spending an afternoon aboard M. V. *Iron Age* with which the senior girls maintain regular correspondence and attending a launching at one of the Tyneside shipyards.

This year has brought the first 16 year old leavers and there will now be approximately 15 boys and girls leaving school each year. The employment situation in the area is not easy—there is not enough variety of employment but it is hoped and expected that with the close co-operation of the Youth Employment Service all children will find suitable employment.

CHILD GUIDANCE.

Twenty-three children were referred for child guidance treatment by the school doctors during the year, for the following causes:—

Anxiety State	2
Behaviour problems	2
Depression	1
Dirty habits	1
Enuresis	3
Jealousy	1
Larceny	5
Obsessional fears	1
Shyness	1
School Phobia	4
Temper	1
Truancy	1

In addition, about 100 children were referred by family doctors.

The treatment of the maladjusted and emotionally disturbed child continues at the Child Psychiatry Unit at Tiverlands. For most cases the waiting list is still long, and the majority have to wait for very long periods before treatment is commenced. More children would be referred, but as it is so long before they are seen, the doctors only refer the more urgent cases.

EMOTIONAL AND MENTAL ILLNESS.

Over the past five years, 627 children and young people aged 5 to 19, living in Northumberland, were admitted as out-patients and in-patients to the Child Psychiatry Unit at Tiverlands, or to the mental hospitals in the area. The incidence of referral to hospital for these mental and social ailments was 1·1 persons per thousand per annum.

The diagnoses of these illnesses varied from schizophrenia and attempted suicide to school refusal, and are shown in Table XII. Over the next few years, the School Health Service will have to study this problem, with a view to detecting these cases at an early stage, and to preventing such cases developing.

TABLE XII.

CHILDREN AND YOUNG PEOPLE AGED BETWEEN 5 AND 19, LIVING IN THE COUNTY, WHO
HAD TREATMENT FOR MENTAL OR SOCIAL ILLNESSES OVER THE PAST FIVE YEARS.

	Whitley Bay	Gosforth	New- burn and Prudhoe	Castle Ward and Burra- don	Long- benton and Forest Hall	Seaton Valley and Dudley	Ashington, Newbiggin, and Bedlington	Blyth	Walls- end	Alnwick to the North of the County	Morpeth	Amble	Hexham and the West	Total
Academic difficulties ...	1	2			1	1	2	2			1			4
Adoption difficulties ...	2	1		1										8
Anorexia Nervosa ...	2		1	1			2		1		1			2
Anti-Social ...		1					1		1					7
Attempted Suicide ...	7	10	2	2	5	2	9	3	7	4	4		1	4
Anxiety ...	18	15	4	8	13	8	19	11	15	12	14			56
Behaviour Disorder ...	1					1								140
Blackouts ...	5	8	6	4	8	4	8	1	5		1			6
Delinquency ...	1	2				2	7		1	2	2		1	52
Depression ...	1	2			3	2	2	4	3	2	2		3	17
Emotional Instability ...	3	4		2	6	2	6		5	3	1		1	20
Enuresis ...	2													39
Educationally ...				1										
Sub-normal ...	3	2				1		2	2		1			5
Epilepsy ...	1	2			1	1		3	8		1			9
Hysteria ...	4	2	1	3		1	3		1	1	4	1		32
Mania ...				1		1							1	3
Neurotic ...	1					1			1	1				4
Obsessional State ...		1	1	1		2		1						6
Physical Symptoms ...	4	6	1	3	6	4	2	3	1	5		1		36
Psychopathy ...	4	3		1				6	7	3	1	1		26
Psychosis ...								1				1		2
Paranoid ...						1								1
Subnormality ...	1	3	1	1	3	4	4	3	1	2				23
Stealing...	3	5		2	5	1	7	2	4	7	1		1	33
School Phobia ...	2	2	1	1		4	4	3	4	3	3			32
Sexual Misdemeanours ...	3			1	1	1	3	1	7	4	1		1	13
Schizophrenia ...	1	4	1			4	6	4	2	6				36
Withdrawal ...		1					2				1			5
Others ...		2			2		1							6
Totals ...	69	74	19	39	54	44	91	50	75	56	40	7	9	627

ENURESIS—THE PAD AND BELL MACHINE.

The pad and bell machine is designed to awaken the child suffering from bed-wetting as soon as he starts to wet the bed in his sleep. It works on the simple 'push-bell' principle, but it is the passing of a few drops of urine that completes the circuit and rings the bell.

The malady of bedwetting is widespread, but this machine is found to be as successful a method of treatment as any. Children over the age of 8 and 9 respond well. The department had 6 machines in use at the beginning of the year and during the year purchased 8 more. During the year five children under the age of 9 received no benefit from the treatment, 11 children over the age of 9 were cured, and 4 other children over 9 were not cured. Although only half the cases treated were cured, this proportion was high enough to justify the continuance of this method of treatment.

SPEECH THERAPY.

Although there was one change in the staff during the year, the full establishment of three speech therapists was maintained. Miss B. Davison resigned in August on her marriage, and she was replaced by Miss Carol Adcock at the beginning of September.

New clinics were opened at Forest Hall, Newbiggin and Rothbury. The children who attended these clinics were taken from the lists for Gosforth, Ashington and Morpeth respectively.

The numbers treated at the various centres are shown in Table XIII. This table shows a full year's work. One hundred and eighty-two extra sessions were held and 136 more children were treated.

TABLE XIII.

WORK CARRIED OUT DURING 1960 BY THE
SPEECH THERAPY SERVICE.

Clinic.	Number of treatment sessions.	Number of children who received treatment.	Number of children discharged.	Number of attendances made for treatment.
Alnwick ..	42	50	24	264
Ashington ..	75	92	40	432
Bellingham ..	36	19	5	317
Berwick ..	83	46	18	462
Blyth	113	97	43	602
Cleaswell Hill Special School	33	22	5	308
Forest Hall ..	18	40	13	63
Gosforth ..	119	155	29	737
Hexham ..	124	50	20	482
Morpeth ..	87	71	21	433
Newbiggin ..	6	14	3	22
Newburn ..	118	54	16	553
Prudhoe ..	40	21	4	255
Rothbury ..	9	9	2	47
Wallsend ..	109	109	60	1,143
Whitley Bay ..	94	96	40	673
	<u>1,106</u>	<u>945</u>	<u>343</u>	<u>6,793</u>

In addition to the work carried out in our own clinics, it is known that 29 children received treatment by hospital speech therapists. This makes a total of 974 known to have had treatment during the year.

The speech therapists have continued to attend at two of the Health Committee's training centres. The children have derived benefit from the treatment, and the parents have appreciated the help which has been given. Forty-three children received speech therapy treatment in the centres. In the case of the Prudhoe centre, time was not available to continue attendance.

Miss Adcock, who has worked in the west and central areas of the county since she took up her appointment in September, 1960, reports: "Most therapy is given individually, although patients in the later stages of treatment have benefited from the competitive spirit of a small group. A group of pre-school children with retarded speech development shows signs of success, probably because the 'social' atmosphere promotes the natural development of spontaneous speech and because these children are at an age to enjoy much repetition and action of rhymes and stories. Of the forty-nine patients dis-

charged this year, thirty-five attained normal or satisfactory speech, four left the district, and ten failed to attend after being offered appointments."

Mrs. Margaret Ellis, who works in the south of the county, finds that the response of the children to group work has been very high—particularly in Wallsend. Such treatment reassures them and tends to increase their self-confidence. Of the 155 patients discharged, 62 were discharged with normal speech, 38 with improved speech, and 55 were discharged either because they were unco-operative or had left the area. Half of these cases failed to attend after repeated appointments had been sent.

During the year, Mrs. Mary Wilson, who works in the north of the county, and covers an area from Berwick to Blyth, discharged 151 patients. Of these 70 per cent. were cured or greatly improved, 5 per cent. failed to improve, 15 per cent. left the district and 10 per cent. failed to attend regularly or keep appointments. She goes on to say:—

"Audiometer tests have been carried out throughout the year, and I find that 90 per cent. of the children referred have at least a slight hearing loss. It is interesting to note the relation of particular defective speech sounds to a high frequency hearing defect.

I have also discovered a minor problem in the partially deaf children equipped with hearing aids who are not obtaining full benefit as they have been given insufficient training in its correct use.

It has for some time been obvious that more children with speech disorders were being referred for advice and/or treatment than could readily be seen by the present staff. School and home visits, essential to good understanding of the patients' difficulties and efficient treatment, are almost impossible to arrange owing to pressure of work. Many children are making fortnightly or monthly attendances when weekly attendances would be most beneficial.

I note that both stammering and articulatory defects are frequently familial—brother and sisters demonstrating like defects; it is very difficult to tell how far this occurs as a result of imitation rather than the influence of heredity."

HEALTH VISITING SERVICE.

As in previous years, the work of the health visitor in schools was increasingly concerned with the social and health educational aspects. The arrangement begun in 1959 of

undertaking routine hygiene surveys at the discretion of the head teacher and the health visitor continued to be satisfactory and standards of clothing and personal hygiene remained at a high level in all but a minority of cases. Routine work in connection with medical examinations and hygiene surveys where necessary, were carried out by part-time health visitors' assistants whenever practicable at the same time close contact was maintained with the schools by the health visitor. A total of 7,105 visits were paid to the schools by the staff during the year, together with 9,551 visits to the homes.

Further requests by head teachers have resulted in still more schools participating in mothercraft teaching by the health visitors. In one large girls' school this teaching was undertaken jointly by the domestic science staff and the health visitor thus enabling a much larger number of girls to take the course than would otherwise have been the case. Altogether the record number of 246 girls gained the certificate of the National Association of Maternal and Child Welfare and 35 the Junior Red Cross certificate in child care. Other shorter courses have been given in many of the schools. In addition, talks have been given on personal hygiene including preliminary talks prior to the showing of the film on "Hygiene of Menstruation."

Twenty-nine children obtained the Junior Red Cross certificate in first aid and two of these children attended as helpers at a camp for handicapped children which was held at Glanton and organised by the British Red Cross.

Mothercraft teaching was continued in the Approved School and eight girls obtained the Junior Red Cross certificate in child care. These girls will also take the test for the Duke of Edinburgh's Bronze Award in which child care will be one of the subjects in the examination.

Courses on health and beauty have been continued at the Ashington Technical College by the health visitor in the area and were given to both full-time and day-release students. The opportunity for private consultation on personal problems was welcomed by the students.

Weekly talks to girl guides and other organisations were given by a number of health visitors and another gave a course on first aid and home nursing.

It is felt that these various aspects of the health visitor's work among school children is of increasing value in view of the early marriage age, whilst a knowledge of the health services is of value to all groups.

Handicapped children.

During 1959, 40 health visitors and two district nurses were trained by Professor and the late Lady Ewing in methods of early detection of deafness and screening tests of all children in groups at risk are now undertaken at nine months. Children who fail the screening tests are referred to the hospital for further diagnostic tests and those found to be deaf or partially deaf are enabled to commence their education at an early age, which is of such vital importance in relation to speech training and lip reading.

Thousand families survey.

A number of children included in this survey which was commenced in Newcastle in 1947 are now living inside the county boundary and attend Northumberland schools. The health visitors in these schools took part in the follow-up of these children which was undertaken during 1960.

OTHER DUTIES OF THE SCHOOL MEDICAL OFFICER.

The school doctor is responsible not only for detecting physical abnormalities but for detecting mental and emotional abnormalities and giving advice on these to the child's parents and teachers.

He is responsible for the health education programme in his schools. The prevention of road accidents, smoking and lung cancer, and the benefit of vaccination, are three important subjects with which he deals. It is his responsibility to see that as many children as possible who pass through his hands during examinations are vaccinated against poliomyelitis, diphtheria and tuberculosis. He is responsible for the tuberculin testing of children in his area, and for the detection of family contacts and early cases of tuberculosis. The more help he gives to a head teacher, the more he is asked to help.

His other duties are the examination of school children taking part-time employment, and advising on health hazards within the school. During the year some time was given to acquiring knowledge of physical, social and environmental factors causing, or likely to cause, ill-health in the school child, either in organised or personal surveys. Further duties include the examination of leavers for the Ministry of Labour and National Service, to ascertain the type of work they can

undertake, the examination of entrants to teacher-training colleges and those entering the teaching profession. The medical staff also examine all children in the care of the Children's Committee who undergo a yearly medical examination and tuberculin skin test. It is the policy also for the school doctors to attend child welfare clinics.

Details of this varied work are as follows:—

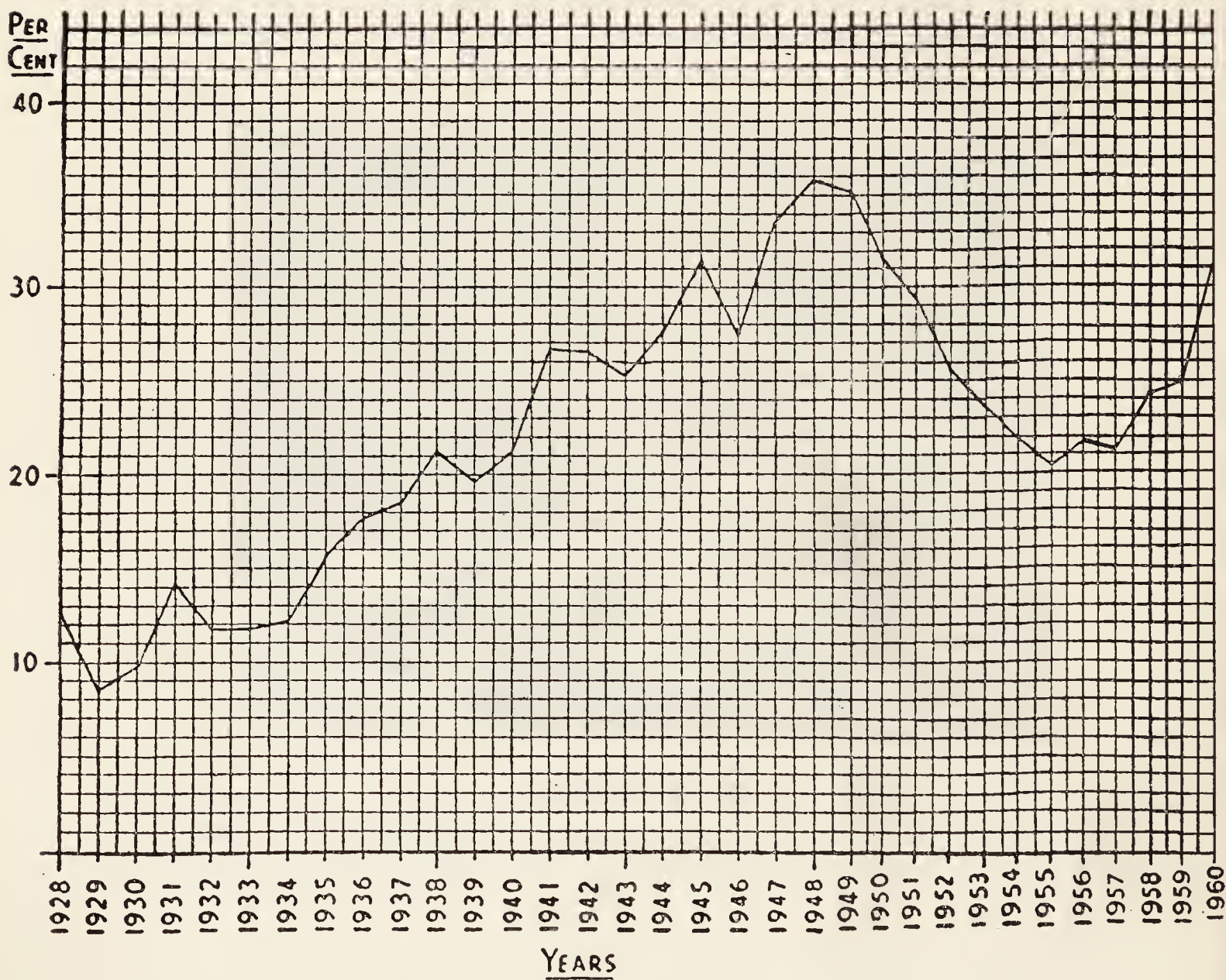
Examination of children for admission to Disabled Persons (Employment) Register	8
Examination of children for part-time employment ..	461
„ „ boarded-out children	209
„ „ staff (teachers, etc.)	121
„ „ entrants to training colleges	236
Number of sessions at child welfare clinics	204



HAND WASHING

DENTAL TREATMENT

Graph showing percentage of children found to be Dentally Fit at routine dental inspections for the years 1928 to 1960 inclusive



DENTAL SERVICE.

(Report of the Principal School Dental Officer).

Staff.

Once again I am in the happy position of being able to report having a full complement of dental officers at the end of the year. There were several changes during this period and some of the clinics were without a dentist for a short time, but in each case it was possible to make a new appointment to fill these vacancies before the end of the year.

Mr. W. J. Irvine retired in April owing to failing health after 25 years of very valuable service and it is with deep regret that one has to record his death after only a few months of retirement.

Mr. J. R. Porteous resigned at the end of January to take up a new appointment as Lecturer in Children's Dentistry in the University of Durham and Mr. A. K. Paterson also resigned at the same time to take up practice under the National Health Service. We wish them every success in their new work.

Mrs. A. Hall, Mrs. W. S. Drury, Mr. G. C. J. Long, Mr. W. Hedley and Mr. R. J. B. Smith commenced duty during the year and we extend a hearty welcome to them.

Of the 26 officers engaged in providing dental treatment 7 are female and 19 male and the average age is 36·3 years.

At the end of the year the following areas were in operation:—

Area.			Dental Officer.
(1)	Alnwick I	.. ..	Miss S. M. Crute, B.D.S.
(2)	Alnwick II	.. ..	Mr. R. W. Whittingham, B.D.S.
(3)	Amble..	.. ..	Mr. J. W. Russell, L.D.S.
(4)	Ashington I	.. ..	Mr. R. S. Ferrell, L.D.S.
(5)	Ashington II	.. ..	Mr. R. J. B. Smith, L.D.S.
(6)	Bedlington	.. ..	Mr. R. M. Foulds, L.D.S.
(7)	Bedlington Station	..	Mr. W. Hedley, B.D.S.
(8)	Berwick	.. ..	Mr. W. P. Neilson, L.D.S.
(9)	Blyth I	.. ..	Mr. H. J. Coombes, L.D.S.
(10)	Blyth II	.. ..	Miss N. S. Stewart, B.D.S.
(11)	Forest Hall	.. ..	Mr. G. C. J. Long, B.D.S.
(12)	Gosforth	.. ..	Miss M. I. Lamb, L.D.S.

Area.		Dental Officer.
(13) Hexham Rural	..	Mr. T. A. Ireland, L.D.S.
(14) Hexham Urban	..	Mr. R. S. Bodenham, B.D.S.
(15) Morpeth	.. ..	Mr. S. J. Smithson, L.D.S.
(16) Newburn	.. ..	Mrs. A. Hall, L.D.S.
(17) Prudhoe	.. ..	Miss S. E. Long, L.D.S.
(18) Shiremoor	.. ..	Mrs. W. S. Drury, L.D.S.
(19) Seaton Valley I	..	Mr. W. Robson, L.D.S.
(20) Seaton Valley II	..	Mr. T. M. Mahadervan, L.D.S.
(21) Throckley	.. ..	Miss H. C. Gent, B.D.S.
(22) Wallsend I	.. ..	Mr. J. F. Horseman, L.D.S.
(23) Wallsend II	.. ..	Mr. E. G. Stuart, B.D.S.
(24) Whitley Bay	.. ..	Mr. E. T. Cunnell, B.D.S.

There were 11 mobile units in use.

General observations.

The overall picture of dental health observed in the county children during the year, whilst conforming to the general pattern which has crystallised out in the last five years, gives rise to the optimistic feeling that a definite improvement is slowly taking place. This improvement is probably due not to any marked change in the incidence of dental caries, but rather to the fact that more and more dental treatment is being provided and so the condition is becoming more under control. This can be seen by reference to the graph which shows the percentage of children found to be dentally fit at routine dental inspections. This figure reached its peak in 1948-49 and then fell away steadily from that time, due in no small measure to the fact that the sugar intake per child increased considerably, e.g. sugar consumption per capita in the United Kingdom in 1948 was 88.3 lbs. This figure increased steadily until by 1958 (the latest figure available) it reached 120.7 lbs. per person.

Returning again to the graph of dental fitness, it will be seen that it was at its lowest in recent years during the period 1955-57 and from that time there has been a slow improvement with 1960 showing a marked improvement from 25% in 1959 to 31.2% in 1960.

The total volume of work carried out by the department was very similar to that of the previous year, 60,735 attendances being made by children for treatment. There was a further welcome increase in the number of fillings completed, viz. 36,016 compared with 33,666 in 1959 and a fall in the

number of teeth extracted from 23,179 to 19,553. The ratio of permanent teeth filled to those extracted improved from 3·9 in 1959 to 4·7 in the year under review.

Eight specialist anaesthetists were again employed on a sessional basis giving anaesthetic cover for most of the county. In a few areas where this was not possible local medical practitioners attended, as required, to assist in this work.

Radiography.

The same policy was adopted in this sphere as in previous years. One thousand nine hundred and twenty-eight radiographs were taken for 1,007 children.

Orthodontic Service.

There have been many investigations into the incidence of malocclusion carried out by a number of people in different parts of the world during the past few years and the findings of some of these investigations are recorded as follows:

In 1932 Brendhurst in America estimated that 50% of the school population were suffering from malocclusion and of these 80% were controllable and 10% were questionable.

In 1942 a committee of the British Society for the study of orthodontics gave an estimate of 5% needing treatment.

On the other hand in 1951 Massler and Fankel gave their estimate as 78%, whilst in 1957 Goose examined 1,536 boys and 1,420 girls and discovered that 44% of the total had malocclusions.

In view of these rather conflicting figures it was decided to carry out a survey on a representative group of school children in Northumberland in order to estimate the number of children suffering from this disability and to gain some valuable information regarding the size of the problem of malocclusion which faced us in the county.

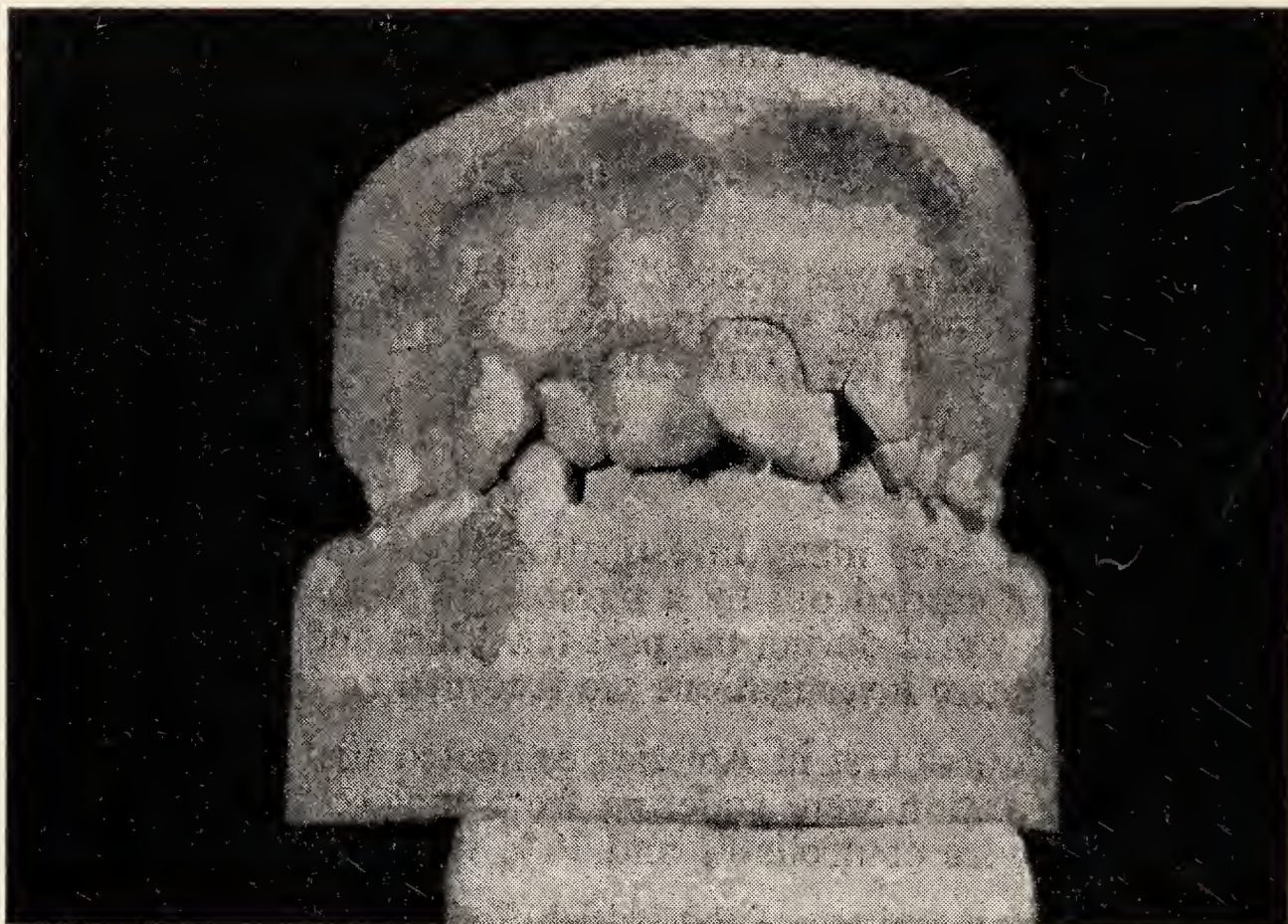
Two thousand two hundred children from a variety of schools throughout the county were, therefore, examined for malocclusion.

With regard to the method of examining these children—normal occlusion was taken to mean any dentition which had good arch form and all teeth in good relationship to adjacent as well as to opposing teeth. Malocclusion was considered to be any departure from normal occlusion which appeared to be severe enough to warrant orthodontic treatment.

ORTHODONTIC TREATMENT.

The following are examples of cases treated:—

- (1) *General overcrowding of teeth in both jaws.*



BEFORE TREATMENT.



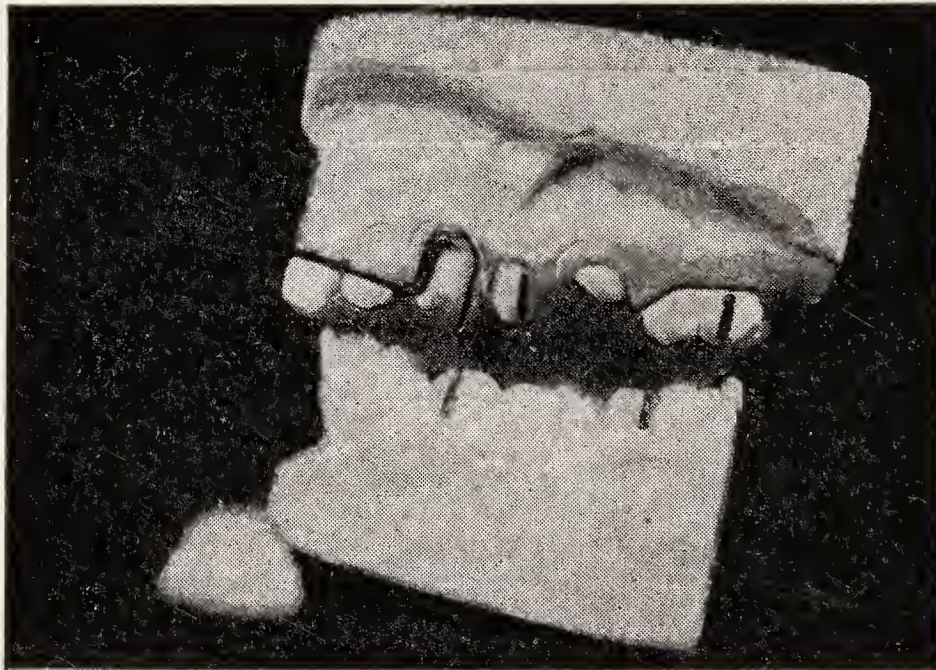
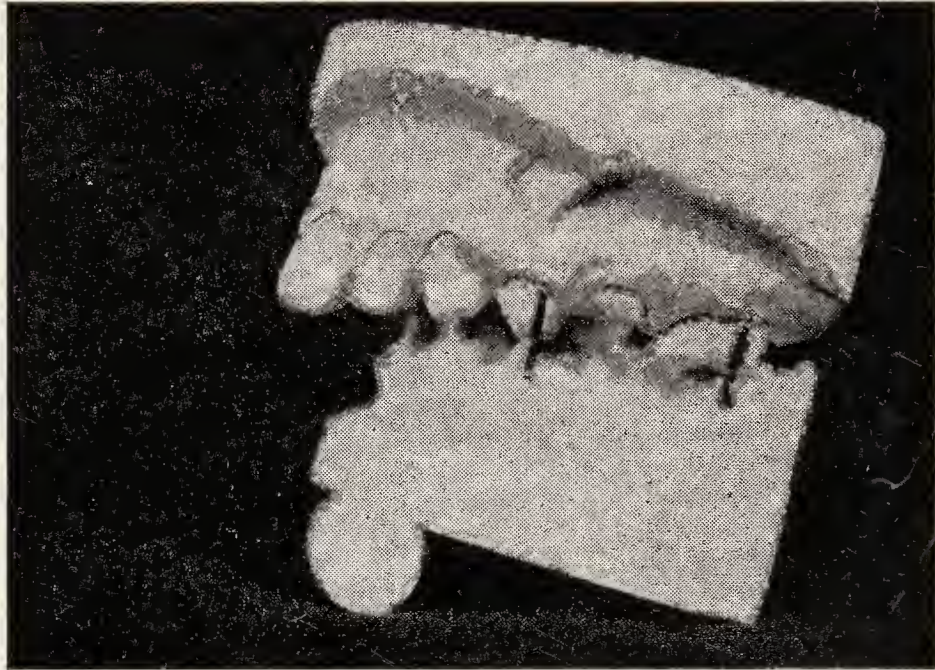


AFTER TREATMENT.

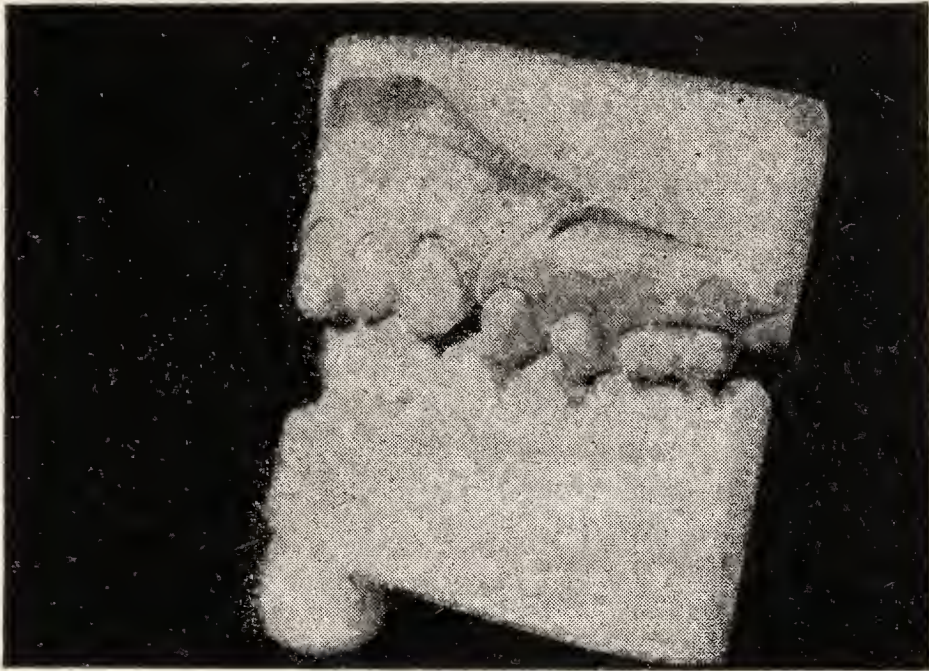


This case was treated by extraction of several teeth to relieve the overcrowding followed by the use of a removable appliance to straighten the teeth in the upper jaw. The lower teeth were allowed to drift into improved position.

- (2) *Case showing very prominent upper teeth with lower teeth abnormally far back in relation to uppers.*



Shows the appliance (Andresen) designed to encourage lower teeth to move forward and upper teeth to move backward. Appliance worn only at night.



Position of teeth on completion of treatment.

Of the children examined it was found that 42·3% had some form of malocclusion needing correction.

Urban and rural children were compared and it was found that both were similarly affected, the difference between the two types being only 1%.

The best individual school was an urban one which showed 31·7% of the children examined to be suffering from malocclusion whilst the worst one which was also an urban school, showed 60% affected.

There was no significant difference in the incidence between boys and girls.

Of the total number of children found to be suffering from irregularity of the teeth and jaws, various forms of malocclusion were recorded and the main types were as follows:—

21·8% were suffering from general overcrowding of the teeth.

14% had not sufficient space for their upper eye teeth to come into their correct position.

10% had lower teeth biting in front of the upper teeth (Class III).

7·7% had prominent upper teeth (Class II Div. I).

From these findings it is very obvious that considerable expansion and development will be necessary in this sphere of our work in the years to come, but one feels convinced that our present method of tackling the problem is the right one, viz. each dental officer to see and treat as many cases as he can in his own area, in consultation with the full-time orthodontist, with the proviso that the dentist is satisfied that

the children he intends to treat will practise satisfactory oral hygiene, will give full co-operation and that both child and parent are very keen to have the work carried out.

One feels that a well staffed and well organised school dental service working on such lines could make a tremendous contribution throughout the country in this branch of our work, particularly in the detection of early malocclusion and by prompt appropriate treatment many children would grow up with normal mouths, who otherwise might have developed some complex form of malocclusion later, had this abnormality not been detected and treated early.

Visitors.

During the year we were happy to welcome three distinguished overseas visitors who each spent a day studying the organisation and working of the dental service in the county.

Dr. Samuels, the Director of Dental Service, Freetown, Sierra Leone, came in June, Dr. Zahran from the Ministry of Health, Dental Department, Cairo, in July and Dr. Rudko, Director of the Ministry of Health and Stomatological Institute, Moscow, came later in the year.

All of these gentlemen showed keen interest in the service and particularly in our mobile dental clinics.

Premises and equipment.

The policy of modernising and re-equipping surgeries where necessary was continued and by the end of the year all of the clinics had a high speed air turbine drill as standard equipment.

Three new clinics each with a dental suite were opened during the year, one at Forest Hall in April, one at Alnwick in June and one at Tweedmouth in December.

In conclusion I should like to thank my colleagues for their loyal support during the year and also the head teachers and staff of all county schools for their continued co-operation and help which means so much in the smooth running of the service.

ROAD ACCIDENTS TO SCHOOL CHILDREN.

Table XIV shows the number of deaths and injuries occurring in Northumberland school children. It is gratifying to see that the number of deaths has steadily fallen within the last few years, although the number of injured has slightly increased.

TABLE XIV.
DEATHS AND INJURIES FROM ROAD ACCIDENTS
OCCURRING IN NORTHUMBERLAND SCHOOL CHILDREN
FOR THE YEARS 1957, 1958, 1959 AND 1960.

	1957.	1958.	1959.	1960.
Killed ..	9	7	5	3
Injured ..	299	335	341	344

Research into road accidents.

The parents of all children attending schools in the county who, during the last six months of the year, suffered a road accident as a pedestrian or cyclist, were interviewed by the school medical officers. The doctors were impressed by the interest the parents showed in this project and were everywhere well received. The object was to learn about the physical, geographical and psychological aspects of the accident as understanding is the first step towards prevention. Information of each accident was provided by the Chief Constable, and we are indebted to him for this, as without his co-operation this investigation would not have been possible.

Although this study will cover a full year, it is proposed to give an intermediate report.

Of the 115 accidents investigated, two were fatal, 20 suffered severe injury, and the remainder slight injury.

Girls were four times less likely to have an accident than boys. For boys from the age of 5 to 8 years, the stationary vehicle provided a real source of danger. Ten boys in this group stepped from behind a vehicle into oncoming traffic, without looking. Thirty-five per cent. of all road accidents occurred in this group.

Cyclists.

Thirty-three boys and only six girls were involved in cycling accidents during the last six months of the year. Two of the accidents occurring in the girls were due to riding two on a bicycle designed for one. Apart from this incident, the survey suggests that girls were a safe risk on the road.

Of the accidents occurring in the boy cyclists, one was fatal, four were serious, and the remainder slight. Again the fault of the accident lay with the cyclist in the great majority of cases. Emergence from a side street and hitting a moving vehicle, and faulty right turning, were the main causes of accidents. Loss of control, cutting corners, and riding into stationary objects, were other causes of accidents.

Wearing of spectacles.

In cycling accidents, nine of the children involved required to wear glasses. Seven of these were not wearing their glasses at the time of the accident. It is believed that if these had been worn, the chance of an accident occurring would have been decreased. Eleven pedestrians who were involved in accidents required to wear spectacles. In six instances they were not wearing them at the time of the accident. Three of the five who were wearing glasses when the accident happened were considered blameless, they were struck by vehicles whilst walking along the path.

Road drill.

In the Longbenton housing estate, many of the children use the streets as their playground. The grassy spaces become muddy and waterlogged, and the parents resent their children returning home dirty. On this estate, the opening of the school playgrounds might play a part in reducing the number of road accidents. Certainly, from the survey, the largest number of accidents in school children occur on a Saturday.

There is a tendency to place the responsibility of teaching road drill onto the schools, and indeed it is necessary that this should be taught in the schools. The age of learning about the dangers of the road should, however, start at the age of two years, and the responsibility of teaching it should be firmly planted on the shoulders of the parents. Parents must remember this, and at every instance of road crossing they must stop, get their child to stop, and then with him carry out the road drill so that it becomes a reflex action. The earlier in life in which a reflex action is assimilated, the more likely it is to be used reflexly and "instinctively" and the chance of involvement in road accidents will then be less. Road drill, therefore, starts at the age of two not at the age of five.

TABLE XV.

NUMBER OF ROAD ACCIDENTS IN SCHOOL CHILDREN
OCCURRING IN AREAS WITHIN THE COUNTY FROM
JULY TO DECEMBER, 1960.

Area.	Pedestrian.		Cyclist.		Total.
	Male.	Female.	Male.	Female.	
Ashington and Bedlington	12	1	3	2	18
Blyth	6	2	2	—	10
Seaton Valley	3	3	3	—	9
Gosforth	2	1	4	—	7
Hexham	3	—	1	—	4
Alnwick and Amble	2	—	—	—	2
Longbenton	13	1	2	—	16
Morpeth	2	1	3	—	6
Newburn	—	—	2	—	2
Ponteland	—	—	—	1	1
Prudhoe	3	1	—	—	4
Whitley Bay	4	2	6	—	12
Wallsend	9	5	7	3	24
	59	17	33	6	115

HEALTH EDUCATION.

Both Dr. Hughes and Dr. Young carried out individual discussions on the topics of clothing, footwear, sex education, and smoking and lung cancer. Dr. Burnett, the school medical officer in the Bedlington area, has given a talk on smoking and lung cancer to a county secondary school, and on sex education to a grammar school. Dr. Hopper, the Senior School Medical Officer, has given talks to four schools on the topic of smoking and lung cancer.

There is much to be done by the School Health Service in connection with lung cancer in ensuring that every school child should leave school armed with the following knowledge:—

The more cigarettes an individual smokes, the greater is his chance of dying of lung cancer.

Deaths from lung cancer have doubled in the past ten years.

The chance of a cure for this disease is remote.

School doctors giving half-hour talks on this subject may feel that they have conferred little benefit on their audience, but if one child in the hundred children who listen to the talk changes his smoking habit in later life because of the facts that were given to him, then no doctor could possibly have spent a more worthwhile half-hour.

REPORT ON PHYSICAL EDUCATION FOR THE YEAR 1960.

Girls.

The year has been one of steady progress in all branches of the work, particularly in swimming and county badge activities. The new scheme to award swimming (in 3 stages, viz. elementary, intermediate and advanced) has been received enthusiastically and some 1,000 odd children have gained such awards. Unfortunately, Wallsend are now without an instructor.

The pilot county badge scheme reached its peak on September 23rd, 1959, when the Chairman of the Education Committee, the Rev. R. E. Robson, presented badges to 87 successful participants. The ceremony served to give the boys and girls a closer link with the authority and a satisfied feeling of "something attempted, something done." The scheme is now open to all schools.

The usual rallies—netball, athletics, rounders and hockey—have been run with no diminution of enthusiasm. A new venture, in the form of an invitation tennis rally, held in Bedlington was so successful as to ensure these as annual affairs. It is hoped that boys will participate also at some not too distant future. More schools are availing themselves of ski-ing holidays abroad.

Conditions in our older secondary schools which do not possess a gymnasium, are being overcome by the installation of fixed gymnastic units which incorporate all the climbing and heaving activities. Thus the scope of gymnastic content is considerably widened.

At Easter 1960, the traditional residential course over four days was held in Alnwick Training College, catering for 120 teachers in all departments. A new feature of the course was instruction on the trampoline and canoeing on the River Aln.

There has been a full programme of evening recreational classes, which shows an increase in women's Keep Fit classes, and an innovation in the form of a mixed tennis group was highly successful.

The complement of specialist teachers in the county has taken a slight turn for the better in the numbers employed, but the demand is still greatly in excess of the supply.

Boys.

Contrary to expectations, the staffing situation for boys' Physical Education was considerably eased during the year 1959–60. Fourteen teachers with third year specialised training in Physical Education were appointed to the county staff which more than balanced the loss of teachers leaving the service of the county. The appointment of these specialists considerably helps to widen the scope of the work associated with modern Physical Education, and in consequence activities like sailing, canoeing, lightweight camping, have been fostered to a greater degree.

During the year a five-day course was held at Alnwick Training College and in addition to the more usual aspects of P.E. some of the wider aspects of the subject were taught. Canoes were brought from various parts of the country and many profitable hours were spent on the river.

The County Athletic Association is now in its thirteenth year, more than 500 competitors at the Annual County Championships after the eliminations at school and area association levels once again suggest that our original aim of

catering for athletic competition in all our schools is being well maintained. There is an active group of teachers who have worked hard since the inception of the Association and each year a few more fresh faces are seen.

Progress towards greater perfection may be slow but each year we note with pleasure a few more best performances but it would seem that after annual experimentation we are now setting worthwhile standards to be achieved and we still believe that unless our competitors achieve the required standards there is little point in selecting them to county teams to compete in the national contest. The number of such qualifiers has remained stable at about 30 for a number of years and perhaps it should be emphasised still more that winning an event is not enough, but that the standard set must be attained or better still surpassed.

The second county crosscountry run was organised at Westridge School and a county team selected to attend the National Championships. The county team acquitted itself well and were placed 8th against formidable opposition.

The Northumberland Football Association celebrated its fiftieth anniversary in 1959 and the occasion was fittingly remembered. The coaching scheme sponsored by the F.A. is functioning well. Thirty-six schools received instruction from the county coach.

More and more schools are taking up rugby football as an additional game. This is most gratifying as there is no doubt that it benefits a boy to be conversant with both codes.

Recreational evening classes continue to flourish in a number of activities including weight lifting, gymnastics, athletics, judo, golf and ballroom dancing. A few classes carried on into the summer months for the coaching of athletics and cricket.

SCHOOL MEALS SERVICE.

During the year 8,282,246 meals have been produced, an average of 42,000 meals each school day. The average cost of food was 9·82, wages 9·25 and overhead expenses 3·72 per meal. These costs were just within the Minister of Education's approved unit cost.

(The above figures include Wallsend Divisional Executive).

There are now 12 central kitchens and 224 school kitchens. Twelve kitchens have been closed including two central kitchens. Ten new kitchens have been opened. Three kitchens are being completely remodelled, Chatton C.E., Bedlington Grammar School and Astley County Secondary School.

Kitchens that have been closed during the year.						Reasons for closure.
Benton Square Central Kitchen	..	..	..	..	..	Out of date.
Backworth Central Kitchen	..	..	..	..	..	do.
Ancroft C.E.	..	..	..	..	..	School closed.
Howick C.E.	..	..	..	..	..	do.
Minsteracres C.P.	..	..	..	..	..	do.
Old Bewick C.E.	..	..	..	..	..	do.
Colwell R.C.	..	..	..	..	..	do.
Shotley C.E.	..	..	..	..	..	do.
Roddam C.E.	..	..	..	..	..	do.
Catton C.E.	..	..	..	..	..	do.
Ninebanks C.E.	..	..	..	..	..	do.
Lucker C.P.	..	..	..	..	..	do.

Kitchens have been opened in the
following schools.

Belford C. Secondary	..	..	..	..	..	New school.
Gosforth C. Secondary	..	..	..	..	..	do.
Spelvit Lane C. Infants	..	..	..	..	..	do.
Wooler C. Primary	..	..	..	..	..	do.
Allendale C. Secondary	..	..	..	..	..	do.
Ashington C. Grammar	..	..	..	..	..	do.
Corbridge C. Secondary	..	..	..	..	..	do.
South Tynedale C. Secondary	..	..	..	..	..	do.
Dinnington Village C. Primary	..	..	..	..	..	do.
Newburn Manor C. Primary	..	..	..	..	..	New Kitchen

REPORT ON THE SCHOOL HEALTH SERVICE FOR WALLSEND.

The work of the School Health Service during 1960 continued without interruption: there was no recurrence of the outbreak of ringworm of the scalp mentioned in the 1959 report. Several return visits to school were made in the early part of 1960 but no further cases were found. Rather more than usual requests were made by family doctors for children to be examined under the special ultra-violet lamp at the Health Centre but all were without evidence of ringworm.

The general health of the children was found to be well up to the high standard of previous years. A high proportion of parents attended at the routine medical inspections—69% taking all three groups together (i.e entrants, intermediate and leavers): over 90% of parents attended with the 5 year olds and smaller percentages for the juniors and leavers. Much

valuable information was obtained from the parents who attended and it is to be hoped that the advice given proved of value also to the parents and children.

As in previous years the examination of five year old children proved a convenient time to check up on the protection against diphtheria and poliomyelitis. Many parents, who are resistant to propaganda prior to their children going to school, can be persuaded at the interview to give consent to immunisation especially when they know that the injections can be given as part of the school routine and without parents being present—the children also seem to prefer being on their own.

The testing of eyesight and hearing at the five year old level always leaves something to be desired, mainly because of the uncertainty whether the child is co-operating fully. During the past two years, the use of a plywood 'E' which the child has to hold in position corresponding to those pointed out on a card, and also the use of the Sjögren 'Hand' Test have improved greatly the reliance one can place on eye testing. 'Whisper' tests for hearing, although obviously only rough tests, have proved successful: any doubtful results from this type of test can be confirmed by the more detailed and reliable testing with audiometer.

The two special classes continued to function very satisfactorily. There continues to be a need for further extension of such facilities as soon as conditions permit. It is impossible to praise too highly the efforts which teachers make to help children who are making slow progress at school. Even with the best will in the world however there is often just insufficient time to devote to the stragglers in a large class: it is for such children that special small classes at critical stages in the children's school life may make all the difference between success and failure.

The figures for infestation with head lice show little change from year to year and sometimes make one wonder how such a state of affairs can exist in a time of prosperity and awareness of the desirability of cleanliness. Generally speaking the vast majority of children set a very high standard of cleanliness. My impression is, too, that with the passage of time the relations between the health visitors, who carry out the inspections, and the parents become better and better. Most parents appreciate that any advice is given as tactfully as possible and always with the child's welfare in mind. There are two points for parents to remember: apart altogether from washing the children's hair, the hair should be inspected at least once weekly under a very strong light: secondly washing the hair at least once weekly, is essential.

Yearly figures for cigarette sales show signs of increasing. The attitude of school leavers to smoking would seem therefore, to be of some importance. All school leavers were asked, at the final medical examination, if they were aware that scientific evidence had been advanced to show that smoking was a dangerous habit. Almost all the children said that they knew that smoking might lead to chest trouble. Some had obviously already experimented: many said that they considered smoking to be a waste of money. Whatever the views held at the age of 15, the danger period lies before these children when they leave school and go to work: they will then tend to follow the example of the people with whom they associate and they will be most susceptible to all the cigarette advertisements. Surely all older people who come in contact with children and young adults should consider what effect their example will be.

B.C.G. vaccination against tuberculosis continued to be an important feature of the preventive work. Out of 1,140 thirteen year olds to whose parents the forms were sent out, 822 accepted. 125 were found to be already tuberculin positive (i.e. 15%) and were investigated—a number had already had B.C.G. vaccination as contacts. A new method of carrying out the vaccination was employed. An apparatus designed with 20 needle points carried the vaccine just beneath the skin surface instead of the injection into the skin previously used: the main advantage of the new method is that it is absolutely painless whereas the previous method involved slight momentary discomfort. It will be possible to report on the effect of the new method in next year's report.

SURVEYS.

The medical staff have taken part in the following surveys, by obtaining the required medical information:—

- “Study of the After-effects of Head Injuries in Children” by Mr. J. Hankinson, Assistant Neurological Surgeon, Newcastle General Hospital.
- “M.R.C. Group for Research on General Effects of Radiation” at the request of Dr. C. N. Armstrong, Neurologist, Royal Victoria Infirmary, Newcastle upon Tyne.
- “Dyslexia—Disability due to Word Blindness” at the request of Dr. P. Henderson, Ministry of Education.
- “Reaction following Pertussis Vaccination” by Dr. J. M. H. Hopper, Senior School Medical Officer.
- “National Survey of Child Health” by Population Investigation Committee, Institute of Child Health and Society of Medical Officers of Health.
- “Road Accidents to Schoolchildren” by Dr. J. M. H. Hopper, Senior School Medical Officer.
- “Follow-up of 1,100 children of birth weight 4 lb. and under” by the Paediatric Research Unit, Guy's Hospital.

CONFERENCES AND COURSES.

The following are the courses which have been attended by the school doctors during the year:—

Sixteenth Child Guidance Inter-clinic Conference, London	Senior School Medical Officer.
Conference on the Management of Cerebral Palsy, Newcastle upon Tyne	{ Principal School Medical Officer. Senior School Medical Officer. One School Medical Officer.
Course on Deaf Children, Manchester ..	One School Medical Officer.

ARTICLES PUBLISHED.

Dr. J. M. H. Hopper ..	"The Multiple Puncture method of B.C.G. vaccination in 13 year old school children." Published in <i>The Medical Officer</i> , 27th May, 1960.
Dr. Enid L. Hughes and Dr. Anna M. Reid	"A Study of Mothers' Worries as stated at the School Medical Examination." Published in <i>Public Health</i> , September, 1960.

PREMISES (OTHER THAN SCHOOLS) ACCOMMODATING CLINICS AT WHICH
SCHOOL CHILDREN RECEIVED TREATMENT DURING 1960.

		Dental	Ophthalmic	Orthopaedic	Speech	Ultra Violet Light
ALNWICK — Child Welfare Clinic, The Grange, Bondgate Without, Alnwick	...	Wednesday	Monthly	Monday a.m. 2nd, 3rd and 4th Thursday— Surgeon Session	Wednesday	
The Infirmary, Alnwick	...	...	...	...	...	...
AMBLE — Child Welfare Clinic, 43 High Street, Amble	...	Daily	Monthly	Wednesday		
ASHINGTON — Child Welfare Clinic, South View, Ashington	...	Daily			Friday	Monday p.m. Thursday a.m.
Ashington Hospital	...	...		Tuesday		
School Clinic, Bolsover Street, Ashington	...		Wednesday			
BEDLINGTON — Child Welfare Clinic, South Parade, Choppington	...	Daily	Tuesday (alternate)	Thursday	Friday a.m.	Monday a.m. Thursday p.m.
BEDLINGTON STATION — Child Welfare Clinic, The Oval, Stead Lane Estate, Bedlington Station		Daily	Tuesday (alternate)			
BERWICK — The Infirmary, Berwick	...	...		Tuesday (alternate Surgeon Session)		

		Dental	Ophthalmic	Orthopaedic	Speech	Ultra Violet Light
TWEEDMOUTH— Child Welfare Clinic, Shielfield Terrace, Tweedmouth	...	Wednesday	Monthly	Alternate Tuesdays	Thursday	
BLYTH— School Clinic, Wellington House, Blyth	...	Daily	Tuesday, Wednesday and Friday	Monday	Thursday	
Thomas Knight Memorial Hospital, Blyth	...					
CRAMLINGTON— Child Welfare Clinic, Cramlington Hostel	...	Friday a.m.	Monthly			
DUDLEY— Child Welfare Clinic, Dudley	...	Thursday and Friday	Monthly			
FOREST HALL— Child Welfare Clinic, Forest Hall	...	Daily	Monthly		Thursday a.m.	Monday a.m. Wednesday a.m. Friday a.m. Saturday a.m.
GOSFORTH— Child Welfare Clinic, Church Road, Gosforth	...	Daily	Monday (fortnightly)	Thursday	Friday	Monday a.m. Friday a.m.
HALTWHISTLE— Child Welfare Clinic, Greencroft Avenue, Haltwhistle	...	Monday and Thursday	Monthly	Wednesday		

				Dental	Ophthalmic	Orthopaedic	Speech	Ultra Violet Light
HEXHAM— Child Welfare Clinic, Abbey House, Hexham	...	...	...	Tuesday, Wednesday and Friday	Monthly	Tuesday	Monday p.m. Tuesday a.m. Thursday p.m.	
Hexham General Hospital	...	...	...			1st and 3rd Friday (Surgeon Session)		
MORPETH— Child Welfare Clinic, Gas House Lane, Morpeth	...	...	...	Monday and Thursday	Monthly	Friday	Tuesday	
NEWBIGGIN— Child Welfare Clinic, Front Street, Newbiggin	...	...	...				4th Friday	
NEWBURN— 2a Newburn Road, Newburn	...	...	...	Daily				
PONTELAND— Child Welfare Clinic, Emergency Hospital, Ponteland	...	...	...		Monthly			
PRUDHOE— Child Welfare Clinic, Oakfield Terrace, Prudhoe	...	...	...	Monday and Thursday	Monthly	Thursday	Monday a.m.	
ROTHBURY— Cottage Hospital, Rothbury	...	...	...	Wednesday a.m. (as required)		Friday (monthly)		
SEATON BURN— Child Welfare Clinic, Front Street, Seaton Burn	...	...	...		Monthly			

		Dental	Ophthalmic	Orthopaedic	Speech	Ultra Violet Light
SEATON DELAVAL— Child Welfare Clinic, Seaton Delaval	Alternate Mondays and Tuesdays a.m.	Monthly		Monday p.m. Thursday a.m.
SHIREMOOR— Child Welfare Clinic, nr. Anne Street, Shiremoor	Daily	Monthly	Tuesday p.m.	Monday a.m. Friday a.m.
THROCKLEY— Child Welfare Clinic, Mayfield Avenue, Throckley	Daily	Fortnightly	Monday	Tuesday p.m. Wednesday
WHITLEY BAY— Child Welfare Clinic, Whitley Road, Whitley Bay	Daily	Monthly	Friday	Wednesday a.m. Saturday a.m.
WOOLER— Child Welfare Clinic, West End Flats, Wooler	Tuesday	As required	Monday	Monday a.m. Thursday a.m.
WALLSEND— Health Centre, The Green, Wallsend	Daily	Monday p.m. Tuesday		
WILLINGTON QUAY— Child Welfare Clinic, East End Park, Willington Quay	Daily			Clinics operate from October to March

SCHOOLS ACCOMMODATING CLINICS AT WHICH
SCHOOL CHILDREN RECEIVED TREATMENT
DURING 1960.

School.	Dental.	Ophthalmic.	Orthopaedic.	Speech.
Bellingham County Secondary	Tuesday	As required	2nd and 4th Friday ..	Thursday p.m.
Longbenton County Secondary	Tuesday and Wednesday	Weekly		
Cleaswell Hill Day Special				Friday a.m.

In addition there are 11 mobile dental clinics operating
in the county.

MEDICAL INSPECTION AND TREATMENT RETURNS.

Year ended 31st December, 1960.

NORTHUMBERLAND.

(including Wallsend Divisional Executive).

PART I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS).

TABLE A.—PERIODIC MEDICAL INSPECTIONS.

Age Groups Inspected (by year of birth).	Number of Pupils Inspected.	Physical Condition of Pupils Inspected.			
		Satisfactory.		Unsatisfactory.	
		No. (3)	% of Col. 2. (4)	No. (5)	% of Col. 2. (6)
(1)	(2)			(5)	(6)
1956 and later ..	9	9	100	—	—
1955	3,658	3,617	98.9	41	1.1
1954	3,001	2,971	99.0	30	1.0
1953	554	548	98.9	6	1.1
1952	251	247	98.4	4	1.6
1951	2,929	2,875	98.2	54	1.8
1950	3,514	3,475	98.9	39	1.1
1949	1,249	1,229	98.4	20	1.6
1948	699	695	99.4	4	.6
1947	464	460	99.1	4	.9
1946	2,496	2,472	99.0	24	1.0
1945 and earlier ..	3,091	3,059	99.0	32	1.0
Total ..	21,915	21,657	98.8	258	1.2

TABLE B.—PUPILS FOUND TO REQUIRE TREATMENT AT
PERIODIC MEDICAL INSPECTIONS
(excluding Dental Diseases and Infestation with Vermin).

Age Groups Inspected (by year of birth). (1)	For defective vision (excluding squint). (2)	For any of the other conditions recorded in Part II. (3)	Total individual pupils. (4)
1956 and later ..	—	—	—
1955	97	574	608
1954	99	586	635
1953	25	126	141
1952	21	53	64
1951	267	435	646
1950	419	533	881
1949	154	231	343
1948	108	105	189
1947	94	90	165
1946	343	237	541
1945 and earlier ..	485	513	983
Total ..	2,112	3,483	5,196

TABLE C.—OTHER INSPECTIONS.

Number of Special Inspections	6,904
Number of Re-inspections	16,783
Total ..	<u>23,687</u>

TABLE D.—INFESTATION WITH VERMIN.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	109,911
(b) Total number of individual pupils found to be infested	2,611
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	—
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)	—

PART II.

DEFECTS FOUND BY MEDICAL INSPECTION
DURING THE YEAR.

TABLE A.—PERIODIC INSPECTIONS.

Defect Code No.	Defect or Disease.	PERIODIC INSPECTIONS.							
		Entrants.		Leavers.		Others.		Total.	
		(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)
(1)	(2)								
4	Skin	125	117	131	79	209	148	465	344
5	Eyes—								
	(a) Vision ..	212	265	784	230	1,116	515	2,112	1,010
	(b) Squint ..	265	49	74	16	232	52	571	117
	(c) Other ..	16	32	23	11	48	42	87	85
6	Ears—								
	(a) Hearing ..	26	83	6	25	32	85	64	193
	(b) Otitis Media	32	62	1	21	33	53	86	136
	(c) Other ..	14	52	33	9	24	47	41	108
7	Nose and Throat	210	493	29	44	127	274	376	811
8	Speech	105	177	3	7	60	67	168	251
9	Lymphatic Glands	7	108	2	5	6	68	15	181
10	Heart	7	112	15	52	9	101	31	265
11	Lungs	75	209	16	49	54	164	145	422
12	Developmental—								
	(a) Hernia ..	14	34	5	2	10	15	29	51
	(b) Other ..	45	151	21	41	74	239	140	431
13	Orthopaedic—								
	(a) Posture ..	19	46	38	52	51	140	108	238
	(b) Feet ..	231	214	66	106	213	259	510	579
	(c) Other ..	142	107	57	68	133	144	332	319
14	Nervous System—								
	(a) Epilepsy ..	10	8	8	11	15	14	33	33
	(b) Other ..	4	19	13	14	17	48	34	81
15	Psychological—								
	(a) Development	4	56	27	19	173	88	204	136
	(b) Stability ..	15	137	4	22	22	151	36	310
16	Abdomen ..	22	44	11	8	35	72	68	124
17	Other	72	77	29	41	116	119	217	237

TABLE B.—SPECIAL INSPECTIONS.

Defect Code No. (1)	Defect or Disease. (2)	Special Inspections.	
		Pupils requiring Treatment. (3)	Pupils requiring Observation. (4)
4	Skin	189	216
5	Eyes—		
	(a) Vision	3,193	1,185
	(b) Squint	611	213
	(c) Other	65	71
6	Ears—		
	(a) Hearing	57	189
	(b) Otitis Media	41	90
	(c) Other	15	49
7	Nose and Throat	115	472
8	Speech	138	261
9	Lymphatic Glands	2	158
10	Heart	40	219
11	Lungs	88	344
12	Developmental—		
	(a) Hernia	20	51
	(b) Other	80	295
13	Orthopaedic—		
	(a) Posture	33	287
	(b) Feet	155	361
	(c) Other	139	379
14	Nervous System—		
	(a) Epilepsy	39	39
	(b) Other	29	69
15	Psychological—		
	(a) Development	33	248
	(b) Stability	49	257
16	Abdomen	32	70
17	Other	68	188

PART III.

TREATMENT OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS
(INCLUDING NURSERY AND SPECIAL SCHOOLS).

TABLE A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases known to have been dealt with.
External and other, excluding errors of refraction and squint	178
Errors of refraction (including squint)	8,305
Total	8,483
Number of pupils for whom spectacles were prescribed	5,746

TABLE B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases known to have been dealt with.
Received operative treatment—	
(a) For diseases of the ear	54
(b) For adenoids and chronic tonsillitis	561
(c) For other nose and throat conditions	96
Received other forms of treatment	145
Total	856
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) In 1960	11
(b) In previous years	66

TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Number of cases known to have been treated.
(a) Pupils treated at clinics or out-patients departments	2,035
(b) Pupils treated at school for postural defects	115
Total	2,150

TABLE D.—DISEASES OF THE SKIN.
(excluding Uncleanliness, for which see Table D of Part I).

	Number of cases known to have been treated.
Ringworm—(a) Scalp	3
(b) Body	16
Scabies	15
Impetigo	108
Other skin diseases	130
Total ..	272

TABLE E.—CHILD GUIDANCE TREATMENT.

	Number of cases known to have been treated.
Pupils treated at Child Guidance Clinics ..	27

TABLE F.—SPEECH THERAPY.

	Number of cases known to have been treated.
Pupils treated by speech therapists	988

TABLE G.—OTHER TREATMENT GIVEN.

	Number of cases known to have been dealt with.
(a) Pupils with minor ailments	488
(b) Pupils who received convalescent treatment under School Health Service arrangements ..	—
(c) Pupils who received B.C.G. Vaccination ..	5,106
Total (a) — (c) ..	5,594

PART IV.

DENTAL INSPECTION AND TREATMENT
CARRIED OUT BY THE AUTHORITY.

(1)	Number of pupils inspected by the Authority's Dental Officers:—						
	(a)	At Periodic Inspections	..	42,623	} Total (1)	46,873	
	(b)	As Specials	..	4,250			
(2)	Number found to require treatment					32,242
(3)	Number offered treatment					27,152
(4)	Number actually treated					18,665
(5)	Number of attendances made by pupils for treatment, including those recorded at (11) (h)					60,735
(6)	Half-days devoted to:—						
	(a)	Periodic (School) Inspection		460	} Total (6)	9,391	
	(b)	Treatment	.. .. .	8,931		
(7)	Fillings:—						
	(a)	Permanent teeth	.. .. .	31,478	} Total (7)	36,016
	(b)	Temporary teeth	.. .. .	4,538		
(8)	Number of Teeth filled:—						
	(a)	Permanent teeth	.. .. .	26,831	} Total (8)	30,811
	(b)	Temporary teeth	.. .. .	3,980		
(9)	Extractions:—						
	(a)	Permanent teeth	.. .. .	5,673	} Total (9)	19,553
	(b)	Temporary teeth	.. .. .	13,880		
(10)	Administration of general anaesthetics for extraction					..	3,931
(11)	Orthodontics:—						
	(a)	Cases commenced during the year	.. .. .	817		
	(b)	Cases brought forward from previous year	.. .. .	550		
	(c)	Cases completed during the year	.. .. .	360		
	(d)	Cases discontinued during the year	.. .. .	95		
	(e)	Pupils treated by means of appliances	.. .. .	650		
	(f)	Removable appliances fitted	.. .. .	823		
	(g)	Fixed appliances fitted	.. .. .	15		
	(h)	Total attendances	.. .. .	6,045		
(12)	Number of pupils supplied with artificial teeth					..	360
(13)	Other operations:—						
	(a)	Permanent teeth	.. .. .	16,829	} Total (13)	19,915
	(b)	Temporary teeth	.. .. .	3,086		

